

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

10068

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred Emergency Hospital  
How long in hospital or institution? 12 hrs.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 119 W. Ed. Street  
(If rural, give LOCATION)  
2. (a) If veteran, name war none

### 3. (a) FULL NAME

Charles Edward Ambush

### 3. (b) Social Security Number

none

#### 4. Sex

Male

#### 5. Color or race

Colored

#### 6. (a) Single, married, widowed, or divorced

✓

#### 6. (b) Name of husband or wife

#### 7. Birth date of deceased (mo., day, yr.)

Sept. 24, 1945

#### 6. (c) If alive, give age years

#### 8. AGE:

Years

Months

Days

If less than one day

#### 9. Birthplace

Frederick, Fred. Co., Maryland  
(Town, county, and state)

#### 10. Usual occupation

#### 11. Industry or business

#### FATHER

#### 12. Name

William Williams

#### 13. Birthplace

Frederick Co., Maryland

#### MOTHER

#### 14. Maiden name

Eliza Margaret Williams

#### 15. Birthplace

Montgomery County, Maryland

#### 16. Informant

#### Address

Emergency Hosp. Frederick Md.

#### 17.

(Burial, cremation, or removal, whichever)

#### Date thereof

Oct 5-1945

#### Cemetery or crematory

Montrose Cem.

#### Location

Frederick Co., Maryland

#### 18. Funeral director

#### Address

S. E. Trout Supt.

#### 19.

(Date rec'd by registrar)

5- Oct 1945

Elizabeth V. Heck

Registrar

### MEDICAL CERTIFICATION

#### 20. DATE OF DEATH

October 5, 1945 2:50 P.M.

#### 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 24, 1945 to Oct 5, 1945

and that I last saw him alive on Oct 4, 1945

#### Immediate cause of death

Branchio-Pneumonia  
malnutrition

#### DURATION

1 day

#### Due to

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

#### Date of op.

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

#### Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

#### Means of Injury

#### Injured at work?

#### 23. SIGNATURE

H. Lawrence Faking MD

M. D. or other

#### Address

Frederick Md

#### Date signed

10-5-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
OCT 8 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Tuscarora  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

GARRY LAMONT AMBUSH

## 3.(b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 16, 1945 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 0 Months 0 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Infant

## 11. Industry or business

12. Name Charles E. Ambush  
 13. Birthplace Frederick County Maryland

14. Maiden name Mildred Rice  
 15. Birthplace Frederick County Maryland

16. Informant Charles E. Ambush  
 Address Tuscarora, Maryland

17. Burial Date thereof 10/26/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Colored Cemetery  
 Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 26-Oct 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1945 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1945 to Oct 25 1945  
 and that I last saw him alive on Oct 24 1945

Immediate cause of death Bronchial pneumonia DURATION 2 Days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. M. D. or other

Address Frederick, Maryland Date signed 10-26-45

RECEIVED  
OCT 27 1945  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 10070 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Beth Elizabeth Horwood  
(deceased)

7. Birth date of deceased (mo., day, yr.)

June 11, 1857

8. AGE:

Years 88Months 4Days 20

If less than one day

hrs.  min. 

9. Birthplace

Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Charles P. Baker

13. Birthplace

Frederick County, Maryland

14. Maiden name

Catherine C. Bell

15. Birthplace

Frederick County, Maryland

16. Informant

Virginia Bell

Address

Mercury Twp. Frederick, Md.  
Bugae

17. (Burial, cremation, or removal, which?)

Date thereof

11-3-45  
(month) (day) (year)

Cemetery or crematory

Pine Grove

Location

Nix Guy, Carroll Co. Md.

18. Funeral director

C. M. Wally

Address

Weyfield, Md.

19. (Date rec'd by registrar)

19 43

Registrar

Elizabeth G. Heck

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2. (a) If veteran, name war none

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1945 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

October 17, 1945 to Oct 31, 1945and that I last saw him alive on October 31, 1945

Immediate cause of death

Acute Coronary Thrombosis

Due to

Due to ArteriosclerosisOther conditions None

(Include pregnancy within 8 months of death)

Major findings of operations NoneDate of op. Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE A. A. Pearce, M.D.Address Frederick, Md. Date signed 10/31/45

RECEIVED  
NOV 3 1945  
BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15702

## CERTIFICATE OF DEATH

10071

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FredenburgCity or town Fredenburg, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Elizabeth Jewel  
Baker

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct 15 - 45

8. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

1 hrs.

min.

## 9. Birthplace

Fredenburg City Hospital  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematorium

## Location

## 18. Funeral director

## Address

## 19.

(Date rec'd by registrar)

1945

Elizabeth G. Hark

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

October 15 - 1945, at 7:25 AM

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/14 - 1945, to 10/15 - 1945and that I last saw him alive on 10/15 - 1945

## Immediate cause of death

Malformation of heart  
(Septal defect)  
abrupt  
Coronary heart disease

## DURATION

1 hr.

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

## 23. SIGNATURE

B. D. White, M.D.

M. D. or other

## Address

Poolesville, Md.Date signed 10/15/45

RECEIVED

OCT 19 1945

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 10072 134

## 1. PLACE OF DEATH:

County FredrickCity or town Emmitsburg, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Five years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Emmitsburg, Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name War \_\_\_\_\_

## 3. (a) FULL NAME

Anne Lee Baldwin

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 18798. AGE: Years 65 Months 11 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Retired Schoolteacher

11. Industry or business \_\_\_\_\_

12. Name Oliver P. Baldwin13. Birthplace Virginia14. Maiden name Mary P. Lewis15. Birthplace Virginia16. Informant Mrs. L. M. ArchuffAddress Emmitsburg, Md.17. Burial Date thereof Oct. 19, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. John's Waverly CemeteryLocation Baltimore, Maryland18. Funeral director R. L. AllisonAddress Emmitsburg, Maryland19. Oct-17 19 45 M. F. Shuff  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 - 19 45, at 1 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct - 14 - 19 45, to Oct - 16 - 19 45.and that I last saw her alive on Oct - 15 - 19 45.

Immediate cause of death

arteriosclerosis

DURATION

1940

Due to

chronic myocarditis1940

Due to \_\_\_\_\_

Other conditions

Chorea of the legs - Dyspnea  
arthritic attacks

(Include pregnancy within 3 months of death)

8 years

Major findings of operations

none

Date of op. \_\_\_\_\_

Autopsy results

none as autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

George H. Phipps MD

M. D. or other

Address Emmitsburg Md. Date signed 10-16-45

RECEIVED  
OCT 22 1943  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(932)

## CERTIFICATE OF DEATH

Reg. Dist. No. 10083 137

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... New Windsor  
 (If outside city or town limits, write RURAL and give nearest town)  
Rural  
 How long in above place of death?...  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
Maryland  
 State... Frederick County...  
 City or town... New Windsor  
 (If outside city or town limits, write RURAL and give nearest town)  
Rural  
 Street No...  
 (If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

Lewis Eckel Barnes

## 3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Carrie Harmon Barnes

7. Birth date of

deceased (mo., day, yr.)

July 10 - 1873

8. AGE:

Years

Months

Days

If less than one day

72315

hrs.

min.

9. Birthplace

Frederick County, Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

John T. Barnes

12. Name

Maryland

13. Birthplace

Eliza Eckel

14. Maiden name

Maryland

15. Birthplace

Mrs. Carrie H. Barnes

18. Informant

New Windsor Md. R. W.

Address

BurialDate thereof... Oct 27-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Longwood CemeteryLocation Unionville, Md.18. Funeral director W. D. Hartzler & SonsAddress Union Bridge New Windsor MdOct 25

19. (Date rec'd by registrar)

41Green & Bunch

Registrar

W. D. Cusumano

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1945 at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 14 1945 to Oct. 25 1945and that I last saw him alive on Oct. 25 1945Immediate cause of death gorgestineheart failure

DURATION

4 d

Due to

Arteriosclerosis &hypertensive C.V. disease

Due to

Terminal broncho-pneumonia

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

E. L. SeigmanAddress Union Bridge Date signed 10/25/45

RECEIVED  
OCT 30 1945  
BUREAU A R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
32 Franklin Street  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 32 Franklin Street  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war

3. (a) FULL NAME  
MAY ELIZABETH BARTHLOW

3. (b) Social Security Number  
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 19, 1945 6. (c) If alive, give age years

8. AGE: Years 0 Months 0 Days 15 If less than one day hrs. min.

9. Birthplace Frederick Rural-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name William E. Barthlow

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Hazel L. Brightwell

15. Birthplace Frederick County Maryland

16. Informant William E. Barthlow

Address 32 Franklin St., Frederick, Md.

17. Burial Date thereof 10/6/45  
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 5 Oct 19 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th, 1945 11:55A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1945 to Oct 4 1945

and that I last saw him alive on Oct 4 1945

Immediate cause of death Acute Diarrhea

Due to Prostration

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth G. Heck M. D.

Frederick, Maryland M. D. or other

Address Date signed 10-5-45

RECEIVED  
OCT 8 1945  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10075



Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Jefferson  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 days  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Rural Jefferson  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Baby Girl Beachley

## 3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced no  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) Oct-13-1945  
 8. AGE: Years Months Days If less than one day  
17 hrs. min.

9. Birthplace Frederick, Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation

## 11. Industry or business

FATHER 12. Name Charles D. Beachley  
 13. Birthplace Petersville, Md.  
 MOTHER 14. Maiden name Minnie F. Nash  
 15. Birthplace Brunswick, Md.  
 16. Informant Charles D. Beachley  
 Address Jefferson, Md.

17. Burial Date thereof 10-31-45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Lutheran Cemetery  
 Location Middleton, Md.  
Bladhill Co.

18. Funeral director  
 Address Middleton, Md.

19. 2047 19 45 Marie Bladhill  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1945 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1945 to Oct 30 1945 and that I last saw him/her alive on Oct 28 1945

Immediate cause of death Prematurity

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J E Harp Md  
 M. D. or other  
 Address Middleton Date signed 10-30-45



RLE

NOV 6 1945

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Samuel Bertio Bennett

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

8. (b) Name of husband or wife

Estella Bennett

7. Birth date of deceased (mo., day, yr.)

Nov 21 - 1867

6. (c) If alive, give age years

8. AGE:

Years 77 Months 10 Days 15 hrs. min.

9. Birthplace

Thurmont Fredk Co. Md  
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

r. m. P. P. Employee

12. Name

Samuel R. Bennett

13. Birthplace

Thurmont Md

14. Maiden name

Caroline E. Rhodes

15. Birthplace

Thurmont Md

16. Informant

Larry R. Bennett

Address

Baltimore Md

17. Burial

Oct 9 - 1945  
(Burial, cremation, or disposal. Which?) Date thereof (month, day) (year)

Cemetery or place of burial

W. B. Cemetery

Location

Thurmont Md

18. Funeral director

M. L. Creager Son

Address

Thurmont Md19. 6 Oct

(Date rec'd by registrar)

19 45

Registrar

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 21 Main St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

220-07-4566

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 19 45 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 19 45 to Oct 6 19 45and that I last saw him alive on Oct 6 19 45

Immediate cause of death

Carcinoma of Sigmoid

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma Date of op. Oct 2 - 45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas

M. D. or other

Address Frederick Md Date signed Oct 6 - 45

RECEIVED  
OCT 9 1945  
BUREAU V 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10077

134

## I. PLACE OF DEATH:

County Frederick  
 City or town Taneytown Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 yrs  
 Hospital, institution, or street address where death occurred:  
P.O. address Taneytown, Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town 3 1/2 miles E. of Brimsting  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs. Florence A. Benty

## 3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Bernard M. Benty  
 7. Birth date of deceased (mo., day, yr.) Sept 30, 1877 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 68 Months 0 Days 9 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace md  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name James E. Malt13. Birthplace md14. Maiden name Annies M. Wefty15. Birthplace md16. Informant Bernard M. BentyAddress Taneytown md R.D.17. Burial Date thereof Oct 11, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory KeyservilleLocation Keyserville, Ind.18. Funeral director Chas. J. Sasser, SonAddress Taneytown, Ind.19. Oct 9, 1945 M. D. Sasser  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9, 1945 at 1:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 to Oct 9, 1945  
and that I last saw her alive on Oct 8, 1945

Immediate cause of death carcinoma of bladder with metastases to peritoneum and intestinal obstruction  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

## DURATION

6 months

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

W. A. Coale, M.D.  
 Address Emmitsburg, Md. Date signed 10-9-45  
 M. D. or other

RECEIVED

OCT 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 100781

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick- Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

4 Months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war... None

## 3. (a) FULL NAME

CHARLES DANIEL BISER

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife... Lucy Kintz

6. (c) If alive, give age... 53 years

7. Birth date of deceased (mo., day, yr.) August 30, 1890

8. AGE: Years 55 Months 1 Days 16 If less than one day  
 ....hrs. ....min.

9. Birthplace Nr. Buckeystown-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation... Laborer

## 11. Industry or business

12. Name... Charles C. Biser

13. Birthplace... Frederick County Maryland

14. Maiden name... Sarah Wiles

15. Birthplace... Frederick County Maryland

16. Informant... Mrs. Sarah W. Biser

Address... R.F.D. #3, Frederick, Maryland

17. Burial Date thereof... 10/19/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mount Olivet Cemetery

Location... Frederick, Maryland

18. Funeral director... M. R. Etchison and Son

Address... Frederick, Maryland

19. 18 Oct 19 45 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... October 16th, 45 at 10:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct. 5 19 45 to Oct 16 19 45

and that I last saw him alive on Oct 16 19 45

Immediate cause of death...

Carcinoma of Stomach

with

Due to...

Pulmonary Metastases

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ....

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... A. A. Carr M. D.

Address... Frederick, Maryland Date signed... 10-17-45

RECEIVED

OCT 22 1945

BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 270

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

October 15, 1945

5. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

0013min.min.Frederick, Frederick Co., Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 30-Oct

19. 16-5

Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Union Bridge Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD #2

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1945 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 15, 1945 to Oct 27, 1945and that I last saw him alive on October 27, 1945

Immediate cause of death

DURATION

Bronchopneumonia3 days

Due to

Due to

Other conditions

Dysentery, catarrhal, acute

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

RECEIVED  
OCT 31 1965  
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

10080

Reg. Dist. No. 137

## 1. PLACE OF DEATH

County Johns  
 City or town Johnsville, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick  
 City or town Johnsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Fannie Lee Stoner Bohn

## 3. (b) Social Security Number

4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Emmanuel S. Bohn  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) June 6, 1961  
 8. AGE: Years 84 Months 4 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John S. Stoner13. Birthplace Frederick Co14. Maiden name Mary Diehl15. Birthplace Frederick Co16. Informant M. E. F. HallerAddress 17 E. Third St. Frederick Md17. Buried Date thereof 10-14-45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Beaver DamLocation Near Johnsville, Md18. Funeral director Raymond K. WrightAddress Union Bridge Md19. Oct 13, 45 19. 45

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 - 1945 at 5:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr - 1945 to Oct 12 1945  
 and that I last saw him alive on Oct 12 1945

Immediate cause of death

Arterio sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Legg M. D. or otherAddress Union Bridge Date signed 10-12-45

RECEIVED

OCT 16 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Pilm # G99 11-14-45

Reg. Dist. No. 134

### 1. PLACE OF DEATH:

County... Frederick  
 City or town... Rural Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 years  
 Hospital, institution, or street address where death occurred:  
Emmitsburg, R.D.  
 How long in hospital or institution? 4

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Rural Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Emmitsburg, R.D. 2 M. N. W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

### 3. (a) FULL NAME

Charles Frederick Brawner

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

8. (b) Name of husband or wife... Mary Julia Brawner

8. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) March 23, 1882

8. AGE: Years Months Days If less than one day  
63 68 7 13 hrs. min.

9. Birthplace... Adams County, Penna.  
 (Town, county, and state)

10. Usual occupation... Stone mason

### 11. Industry or business

12. Name... John Thomas Brawner

13. Birthplace... Adams County, Penna.

14. Maiden name... Mary Alice Petticord

15. Birthplace... Frederick County, Maryland

16. Informant... Mary Julia Brawner

Address... Emmitsburg, Md.

17. Burial Date thereof October 9, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium... St. Anthony's

Location... Emmitsburg, Maryland

18. Funeral director... V. L. Allison

Address... Emmitsburg, Maryland

19. Oct-8 19 45 M. F. Shuff  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 19 45 at 7:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Oct 6 19 45 and that I last saw him alive on Oct 5 19 45

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Hypertension - several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. R. Cudde

M. D. or other

Address... Emmitsburg, Md. Date signed 10-7-45

RECEIVED  
OCT 10 1945  
BUREAU A.R.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 1008134

### 1. PLACE OF DEATH:

County Frederick  
City or town Rural-Emmitsburg, Md., R.D.#2  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 7 years  
Stay in this community (yrs., or mos., or days) 7 years

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Rural Ward No.  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. Emmitsburg, Md. R.D.#2  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR

### 3. (a) FULL NAME

Vincentia Gertrude Brewer

### 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white married

6. (b) Name of husband or wife Samuel Brewer

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) March 11 1907

8. AGE: Years Months Days If less than one day  
38 7 20 hrs. min.

9. Birthplace Frederick Co., Maryland  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Edward Adams  
13. Birthplace Frederick Co., Maryland

MOTHER 14. Maiden name Louise Orndorff  
15. Birthplace Frederick Co., Maryland

16. Informant Samuel D. Brewer  
Address Emmitsburg, Md. R.D.#2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov., 3, 1945  
(month) (day) (year)  
Cemetery or crematory St. Mary's Cemetery  
Location Fairfield, Penna.

18. Funeral director A. L. Allison  
Address Emmitsburg, Maryland

19. Nov 2 - 19 45 M. F. Shuff  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 19 45, at 11:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/17 19 45 to 10/31 19 45  
and that I last saw her alive on 10/31 19 45

Immediate cause of death

Chronic Myocarditis and myocardial degeneration

DURATION

5 yrs.

Due to

Hypertensive Heart Disease

5 Mos.

Due to

Other conditions Pregnancy (7 Mos.)  
Acute Bronchitis  
(Include pregnancy within 3 months of death)

7 Mos.

2 wks.

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

R. S. McVaugh M.D.  
M. D. or other

Address Taunton, Mass. Date signed 10/2/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

NOV 7 1945

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH;  
County... Frederick  
City or town... Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....  
Hospital, institution, or street address where death occurred:  
Emergency Hospital  
How long in hospital or institution?..... 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 104 East Fourth Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war... None

## 3. (a) FULL NAME

JOSEPH ROY BURKE

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
6. (b) Name of husband or wife... Inez Blentlinger  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) February 23, 1887  
8. AGE: Years 58 Months 7 Days 18 If less than one day  
..... hrs. .... min.

9. Birthplace Pearl-Frederick-Maryland  
(Town, county, and state)  
10. Usual occupation None

## 11. Industry or business

FATHER 12. Name Luther C. Burke  
13. Birthplace Frederick County Maryland  
MOTHER 14. Maiden name Mary Diffendal  
15. Birthplace Frederick County Maryland  
16. Informant Mrs. Harry M. Umberger  
Address 328 E. 3rd St., Frederick, Md.

17. Burial Date thereof 10/15/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
Location M. R. Etchison and Son  
18. Funeral director Frederick, Maryland  
Address

19. 15 Oct 45 Elizabeth G. Heck  
(Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH... October 11, 1945 at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct. 9 19 45 to Oct. 11 19 45  
and that I last saw him alive on Oct. 11 19 45

Immediate cause of death..... DURATION  
Acute Coronary Thrombosis 1 day  
Due to.....  
Due to Arteriosclerosis  
Other conditions Hypertension 6 mo.  
(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. ....  
Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE A. A. Currie M. D.  
Address Frederick, Maryland Date signed 10-12-45

RECEIVED

OCT 16 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(15)

10083

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 23 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick-Rural R. F. D. #3  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Yellow Springs  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

WOODROW EUGENE CANNON

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) September 15, 1945

8. AGE: Years 0 Months 0 Days 27 If less than one day  
 .... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Unknown  
 13. Birthplace Unknown

MOTHER 14. Maiden name Margaret Cannon  
 15. Birthplace Frederick County Maryland

16. Informant Miss I. Virginia Lidie R. N.  
 Address Emergency Hosp. Frederick, Md.

17. Burial Date thereof 10/13/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brookhill Cemetery  
 Location Yellow Springs, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 13 Oct 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12th, 1945 at 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 15, 1945 to October 12, 1945  
 and that I last saw him alive on October 12th, 1945

Immediate cause of death Malnutrition  
 Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE H. Lammie Zehner M.D.  
 M.D. or other  
 Address Frederick, Maryland Date signed 10-13-45

RECEIVED  
OCT 16 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 947

## CERTIFICATE OF DEATH

10084

Reg. Dist. No. 131

<b>1. PLACE OF DEATH:</b> County... <u>Frederick</u> City or town... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>3 Years</u> Hospital, institution, or street address where death occurred: <u>Frederick City Hospital</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Frederick</u> City or town... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>218 East Third Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war... <u>Spanish American War</u>			
<b>3. (a) FULL NAME</b> <u>CAPT. EUGENE H. CHAMBERLAIN</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>M</u>		<b>5. Color or race</b> <u>W</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>M</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> <u>Mary Braum</u>				<b>20. DATE OF DEATH</b> <u>October 28th,</u> 19 <u>45</u> at <u>10P</u> M			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>August 24, 1872</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>October 22d,</u> 19 <u>45</u> to <u>October 28,</u> 19 <u>45</u> and that I last saw him alive on <u>October 28th,</u> 19 <u>45</u>			
<b>8. AGE:</b> Years <u>73</u>		Months <u>2</u>		Days <u>4</u>		<b>6. (c) If alive, give age</b> <u>73</u> years	
If less than one day .....hrs. ....min.		<b>Immediate cause of death</b> <u>Coronary occlusion</u>					
<b>9. Birthplace</b> <u>LaCross, Wisconsin</u> (Town, county, and state)				<b>DURATION</b> <u>9 days</u>			
<b>10. Usual occupation</b> <u>Retired Army Officer</u>				Due to.....			
<b>11. Industry or business</b> <u>Spanish American War</u>				Due to.....			
<b>FATHER</b>				Other conditions.....			
<b>12. Name</b> <u>Ervin W. Chamberlain</u>				(Include pregnancy within 3 months of death)			
<b>13. Birthplace</b> <u>Forcroft, Maine</u>				<b>Major findings of operations</b> .....			
<b>MOTHER</b>				.....Date of op. ....			
<b>14. Maiden name</b> <u>Martha Hammond</u>				<b>Autopsy results</b> .....			
<b>15. Birthplace</b> <u>Leeds, Maine</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>16. Informant</b> <u>Mrs. Mary B. Chamberlain</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
Address <u>218 E. 3rd St., Frederick, Md.</u>				Accident, suicide, or homicide..... Date of.....			
<b>17. Burial</b> <u>St. Johns Cemetery</u>				Where did injury occur? (City or town) (County) (State)			
(Burial, cremation, or removal. Which?) Date thereof <u>10/31/45</u> (month) (day) (year)				Injured at home, farm, industry, public place (where?)			
Cemetery or crematory.....				Means of injury Injured at work?			
Location <u>Frederick, Maryland</u>				<b>23. SIGNATURE</b> <u>C. H. Conley, M. D.</u>			
<b>18. Funeral director</b> <u>M. R. Etchison and Son</u>				Address <u>Frederick, Maryland</u> Date signed <u>10-29-45</u>			
Address <u>Frederick, Maryland</u>							
<b>19. 30 Oct 1945</b> (Date rec'd by registrar) <u>Elizabeth H. Hecker</u> Registrar							

RECEIVED

NOV 1 1945

BUREAU V R



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 days  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Real Liviston  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ✓  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Rosa May Homer

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) ~~Single~~ married, widowed, or divorced Married  
 6.(b) Name of husband or wife Grayson M. Homer  
 7. Birth date of deceased (mo., day, yr.) Sept. 17, 1864  
 8. AGE: Years 81 Months 0 Days 18 If less than one day hrs. min.

9. Birthplace Utica, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Michael Roberts

13. Birthplace Manchester, Md.

14. Maiden name Mary Catherine Jackson

15. Birthplace Woodstock, Md.

16. Informant Grayson M. Homer

Address Livistown, Md.

17. Burial Date thereof Oct. 8, 1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Utica Cern

Location Utica, Md.

18. Funeral director W. S. Beuger & Son

Address Thurmont, Md.

19. 6 Oct 1945 Elizabeth S. Hede  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1945, at 10.05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 1945, to Oct 5 1945

and that I last saw her alive on Oct 5 1945

Immediate cause of death Myocarditis

Due to 1

Due to 1

Other conditions Unilateral Hernia

(Include pregnancy within 3 months of death)

Major findings of operations Hernia, unilateral

Strangulated, Date of op. Oct 4 - 45

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of Oct 5

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work?

23. SIGNATURE E. P. Ghormley

M. D. or other ✓

Address Frederick, Md. Date signed Oct 6 - 45

RECEIVED

OCT 9 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10086

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
332 East Third Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 332 East Third Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARY ELLEN EADER

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) September 21, 1859  
 8. AGE: Years 86 Months 1 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Market-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Manasa Eader  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Lease  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Eleanor Gosnell  
 Address 332 E. 3rd St., Frederick, Md.

17. Burial Date thereof 11/2/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland  
M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 1-Nov 19 45 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 31st, 1945 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to Oct 31, 1945  
 and that I last saw him alive on Oct 31, 1945

Immediate cause of death

Colossal Hemorrhage Oct 1st 1945

Due to Arterio Sclerosis 1940

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.

Address Frederick, Maryland Date signed 11-1-45

RECEIVED

NOV 3 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53) +

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick Rural  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 days  
 Hospital, institution, or street address where death occurred: Morgue Hospital  
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 336 N. Market  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war                     

3. (a) FULL NAME Finch, Mr. Edward B.

3. (b) Social Security Number                     

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
 6. (b) Name of husband or wife Unknown  
 7. Birth date of deceased (mo., day, yr.) 1871 8. (c) If alive, give age                      years

8. AGE: Years 74 Months                      Days                      If less than one day                      hrs.                      min.

9. Birthplace Virginia  
 (Town, county, and state)

10. Usual occupation Rail Road work

11. Industry or business                     

MOTHER FATHER 12. Name Jesse Finch

13. Birthplace Virginia

14. Maiden name Edmond Davis

15. Birthplace Virginia

16. Informant Mrs. C. F. Shockey

Address Martinsburg 24 Va. H.S.

17. Burial Date thereof Oct. 30, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenway Cemetery

Location Berkley Springs 24 Va.

18. Funeral director Boyle & Hartzler

Address 2 Woodsboro 24 Va.

19. 30 - Oct 19 45 Elizabeth B. Hale

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 19 45 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 19 45 to Oct. 27 19 45 and that I last saw him alive on Oct. 27 19 45

Immediate cause of death Epithelioma of Tongue

Due to (Ch. Cancer) DURATION 1 yr.

Due to Metastases (Cerebral)

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.                     

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

Where did injury occur?                      (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)                     

Means of injury                      Injured at work?                     

23. SIGNATURE A. A. Pearce, M.D. M. D. or other                     

Address Frederick Md. Date signed 10/29/45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
OCT 31 1945  
BUREAU 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10088

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick- Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 Years  
 Hospital, institution, or street address where death occurred:  
Near McKaig  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Near McKaig  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

THERESA MARGARET FINK

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6.(b) Name of husband or wife Clayton E. Fink  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) October 16, 1880  
 8. AGE: Years 65 Months 0 Days 7 If less than one day  
 .....hrs. ....min.

9. Birthplace Unknown  
 (Town, county, and state)  
 10. Usual occupation At Home  
 11. Industry or business

FATHER 12. Name Martin V. Comfort  
 13. Birthplace Unknown  
 MOTHER 14. Maiden name Mahala Kuhn  
 15. Birthplace Unknown

16. Informant Arthur G. Tobery  
 Address R.F.D.#1, Frederick, Maryland

17. Burial Date thereof 10/26/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 26-Oct-45 Elizabeth G. Heck.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 23rd, 1945 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 10 1945 to Oct 23 1945  
 and that I last saw him alive on Oct 23 1945

Immediate cause of death Carcinoma of liver DURATION year +

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE B. D. Thomas M. D.  
 Address Frederick, Maryland Date signed 10-24-45



RECEIVED

OCT 27 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10089

Reg. Dist. No. 131

1. PLACE OF DEATH;  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick - Rural R. F. D. #4  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Frederick  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
WILLIAM A. FLOYD

3. (b) Social Security Number  
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mattie E. Walker

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 15, 1866

8. AGE: Years 79 Months 4 Days 25 If less than one day  
.....hrs. ....min.

9. Birthplace Virginia  
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Own Store

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Mattie W. Floyd

Address Frederick, Md. R. F. D. #4

17. Burial Date thereof 10/13/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington National Cemetery

Location Suitland Rd. Prince George Co. Md.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 12 Oct 19 45 Elizabeth G. Hark  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1945 at 11:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19.....to.....19.....  
and that I last saw h. (M) dead Oct 11 19 45

Immediate cause of death Pneumonia - thorax

fracture of ribs 8 ribs

DURATION 7 days

Due to .....

Due to auto accident

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

.....Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10-3-45

Where did injury occur? Baltimore Rd. Frederick Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 76

Means of injury auto Injured at work? no

R. W. Bane Dr. W. B. Bane

23. SIGNATURE R. W. Bane M. D. or other

Address Frederick, Maryland Date signed 10-12-45

RECEIVED

OCT 16 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 10/24/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 10/24/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel  
 City or town Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 42 Randall St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William Ford

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age.....years  
 7. Birth date of deceased (mo., day, yr.) Nov. 16, 1897  
 8. AGE: Years 47 Months 11 Days 13 If less than one day  
 .....hrs. ....min.

9. Birthplace Anne Arundel County, Md.  
 (Town, county, and state)  
 10. Usual occupation Painter  
 11. Industry or business

FATHER 12. Name Ben Ford  
 13. Birthplace ?  
 MOTHER 14. Maiden name Ida Ford  
 15. Birthplace Eastport, Md.  
 16. Informant Deceased  
 Address

17. Burial Date thereof 11/1/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery Cedar Bluff  
 Location Annapolis, Maryland

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. Dec 29 45 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 19 45 at 3:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 24 19 45 to Oct. 29 19 45  
 and that I last saw him alive on October 29 19 45

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 2 Mos.

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. B. Lyn M. D. or other X  
 Address State Sanatorium, Md. Date signed 10/30/45

RECEIVED  
OCT 31 1945  
BUREAU 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

## 1. PLACE OF DEATH

County... FrederickCity or town... Greagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yrs.Hospital, institution, or street address where death occurred: —How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... FrederickCity or town... Greagerstown (rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Littleton Clarence FOX

## 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Zelpha C. Prushburg6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Aug. 2, 18698. AGE: Years 76 Months 2 Days 27 It less than one day — hrs. — min.9. Birthplace Frederick Co. Md.  
(Town, county, and state)10. Usual occupation School Teacher

## 11. Industry or business

12. Name Jeremiah Fox13. Birthplace Md.14. Maiden name Catherine Danner15. Birthplace Md.16. Informant Mrs. Donald F. MeltonAddress Rocky Ridge Md.17. Buried Date thereof Oct. 31, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greagerstown Cem. Co.Location Greagerstown Md.18. Funeral director Phyllis HartzlerAddress Woodsboro Md.19. Oct. 31, 1945 Registrar L. L. Russell  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 29, 1945 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on Oct 29, 1945Immediate cause of death Coronary occlusion

## DURATION

15 min.Due to Arteriosclerosis10 yrs.Due to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (Injury?) —Means of injury —23. SIGNATURE R. W. BarAddress Prof. Bailey, Frederick Date signed 10-31-45

RECEIVED  
NOV 3 1945  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16a)

## CERTIFICATE OF DEATH

10092

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? Six Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 810 North Market  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Oliver Ecker Graham  
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

## 3. (b) Social Security Number

B.(b) Name of husband or wife Charles E. Graham  
 B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1889

8. AGE: Years 86 Months 1 Days 11 If less than one day  
 ....hrs. ....min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Hanson Ecker

13. Birthplace Ind

14. Maiden name Rebecca (Anders) Ecker

15. Birthplace Ind

16. Informant Mrs Belle Eaton

Address 810 N Market St - Frederick

17. Burial Date thereof Oct 22 - 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Hopes

Location Woodboro Ind

18. Funeral director Willhite & Co

Address Shumaker

19. 20 Oct 1945 Elizabeth S. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1945 at 8:40 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 1 1945 to Oct 19 1945  
 and that I last saw him alive on Oct 18, 45 1945

Immediate cause of death Hypertensive Cardiovascular  
renal disease

Due to.....

Due to.....

Other conditions fracture humerus  
due to accidental fall  
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of October 1st, 1945

Where did injury occur? Frederick Frederick Maryland  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of Injury Accidental fall Injured at work?

23. SIGNATURE E. E. Easterday M. D. or other

Address Wolkesville, Ind Date signed Oct 20, 45

SECRET

DEPARTMENT OF DEFENSE

OFFICE OF THE SECRETARY

MEMORANDUM FOR THE SECRETARY

UNCLASSIFIED

RECEIVED  
OCT 23 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(122-4)

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

10093

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 358 Madison Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
FLORENCE ELIZABETH GRASER

3. (b) Social Security Number  
None

4. Sex F 5. Color or race W 6. (a) ~~Single~~ married, widowed, or divorced M  
6. (b) Name of husband or wife William S. Graser  
6. (c) If alive, give age 28 years  
7. Birth date of deceased (mo., day, yr.) January 14, 1920  
8. AGE: Years 25 Months 9 Days 3 If less than one day  
..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)  
10. Usual occupation House-wife

11. Industry or business

FATHER 12. Name Ira W. Stottlemeyer  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Ina Derr  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Luther Bell  
Address 729 Trail Ave., Frederick, Md.

17. Burial Date thereof 10/20/45  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 19 Oct 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 17th, 1945 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct 10 1945 to Oct 17 1945  
and that I last saw him alive on Oct 17 1945

Immediate cause of death Intestinal obstruction DURATION  
1 week

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations Obstruction

Autopsy results..... Date of op. ....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE EP Thomas M. D.  
Address Frederick, Maryland Date signed 10-18-45

RECEIVED

OCT 22 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 days  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town New Windsor (Brose)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route 2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Gertrude L. Grimes

## 3. (b) Social Security Number

none

## 4. Sex

F

## 5. Color or race

W.

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Elphinstone S. Grimes

## 7. Birth date of

deceased (mo., day, yr.)

Aug. 18, 1878

## 6. (c) If alive, give age

71 years

## 8. AGE:

Years

Months

Days

If less than one day

6724

hrs.

min.

## 9. Birthplace

Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

Own home

## FATHER

## 12. Name

Andrew J. Grimesworth

## 13. Birthplace

Frederick Co. Md.

## MOTHER

## 14. Maiden name

Catharine C. Fogle

## 15. Birthplace

Frederick Co. Md.

## 16. Informant

Mr. Elphinstone S. Grimes

## Address

Route 2 New Windsor Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Oct. 25, 1945

## Cemetery or crematory

Rocky Hill

## Location

near New Windsor Md.

## 18. Funeral director

Burke & Hartzler

## Address

New Windsor Md.

## 19.

(Date rec'd by registrar)

25 Oct 1945Elizabeth G. Hesk

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Oct 22 1945 at 11 P. M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17 1945 to Oct 22 1945and that I last saw him alive on Oct 22 1945

## Immediate cause of death

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

EP Grimes

M. D. or other

## Address

Frederick Md. Date signed Oct

RECEIVED

OCT 27 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

## CERTIFICATE OF DEATH

10095

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
 53 Winchester Street  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 53 Winchester Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

JOSEPH HENRY HANE

## 3. (b) Social Security Number

None

4. Sex..... Male  
 5. Color or race..... White  
 6.(a) Single, married, widowed, or divorced..... Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... December 27-1944  
 8.(c) If alive, give age..... years

8. AGE: Years..... 0 Months..... 9 Days..... 15 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick County Maryland  
 (Town, county, and estate)

10. Usual occupation..... Infant

## 11. Industry or business

12. Name..... Thomas Hane

13. Birthplace..... Frederick County Md.

14. Maiden name..... Pauline Keeney

15. Birthplace..... Frederick County, Md.

16. Informant..... Thomas Hane

Address..... Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?)..... Date thereof..... Oct. 15-1945  
 (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Md.

18. Funeral director..... C.E.Cline and Son

Address..... Frederick, Md.

19. 13 October 1945..... Elizabeth G. Heck..... Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 12th. 1945 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 on 10-12-1945 to 10-13-1945  
 and that I last saw him alive on 10-12-45

Immediate cause of death.....

DURATION

22. Due to..... 2 days  
 acute bronchitis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... U.G. Bourn, Jr.

M. D. or other

Address..... Frederick, Md. Date signed 10-13-45



CERTIFICATE OF DEATH

RECEIVED  
OCT 16 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
3 days

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Frederick  
 City or town Myersville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Church Hill  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Welly Caleb Harshman

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary E. (Hansen) Harshman

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

61710

hrs.

min.

9. Birthplace

Myersville, Frederick, Md.  
(town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal) Where?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

1945-

Elizabeth G. Heide

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 9 1945 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 4 1945 to Oct 4 1945and that I last saw him alive on Oct 8 1945

Immediate cause of death

Myocardial Failure

DURATION

3 days

Due to

Hydrothorax & atelectasis of lower lobe2 wks

Due to

Tumor of Bronchus3 mosOther conditions Not known whether benign or malignant

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Leboeuf PriceAddress Jefferson MdDate signed 10/9/45

RECEIVED  
OCT 12 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

Cowley Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Braddock Route #5  
 (If rural, give LOCATION)

2.(a) If veteran, name was

## 3. (a) FULL NAME

George Edgar Infant Hauser

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Oct. 9, 1945

8. AGE:

Years

Months

Days

If less than one day

001

hrs.

min.

9. Birthplace

Frederick, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.45

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 10

19

44 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 9 1944 to Oct 10 1944  
 and that I last saw him alive on Oct 10 1944

Immediate cause of death

Premature 6 1/2

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Lawrence Fehmy MD

M.D. or other

Address

Frederick MD

Date signed

10/12/45

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

OCT 16 1945

BUREAU V.F.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10098

139

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 10/24/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 10/24/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Dundalk  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 214 Patapsco Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

### 3. (a) FULL NAME

Jerome Hurley

### 3. (b) Social Security Number

None

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Single

#### 6. (b) Name of husband or wife

#### 7. Birth date of deceased (mo., day, yr.)

Aug. ? 1910

#### 6. (c) If alive, give age .....

#### 8. AGE:

Years

Months

Days

If less than one day

35

hrs.

min.

#### 9. Birthplace

Sparrows Point, Md.

(Town, county, and state)

#### 10. Usual occupation

None

#### 11. Industry or business

FATHER  
MOTHER

#### 12. Name

John W. Hurley

#### 13. Birthplace

Baltimore County, Md.

#### 14. Maiden name

Ann M. King

#### 15. Birthplace

Baltimore, Maryland

#### 16. Informant

John W. Hurley (Father)

#### Address

214 Patapsco Ave., Dundalk, Md.

#### 17.

(Burial, cremation, or removal. Which?)

#### Date thereof

Nov. 3 1945

(month) (day) (year)

#### Cemetery or crematorium

Green Hill road, Sacred Heart Cem.

#### Location

Baltimore Md. Dundalk

#### 18. Funeral director

M. L. Creager & Son

#### Address

Thurmont, Maryland

#### 19.

(Date rec'd by registrar)

19

Registrar

### MEDICAL CERTIFICATION

P

20. DATE OF DEATH October 30 19 45 at 10:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 19 45 to Oct. 30 19 45 and that I last saw him alive on October 30 19 45

#### Immediate cause of death

Pulmonary Tuberculosis

#### DURATION

1 Yr.

#### Due to

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op. ....

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

#### Where did injury occur?

(City or town)

(County)

(State)

#### Injured at home, farm, industry, public place (where?)

#### Manner of injury

#### Injured at work?

#### 23. SIGNATURE

J. B. Lyon

M. D. or DENTIST

Address State Sanatorium, Md. Date signed 10/31/45

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 2 1945

BUREAU V. R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

## CERTIFICATE OF DEATH

Reg. Dist. No.

100832

## 1. PLACE OF DEATH:

County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?  
 \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war no

## 3. (a) FULL NAME

Mrs. Clara B. Johnson (Colored)

## 3. (b) Social Security Number

Name

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Wm. W. Johnson  
 6. (c) If alive, give age 60 years  
 7. Birth date of deceased (mo., day, yr.) Nov. 11, 1873

8. AGE: Years 71 Months 10 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Middletown, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Charles Nord

12. Name Jennie Harp

13. Birthplace Middletown, Md.

14. Maiden name Wm. W. Johnson

15. Birthplace Middletown, Md.

16. Informant Burial Date thereof Oct 8 1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. Oct 8 45 Marie Gladhill  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1945 at 5-10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1945 to Oct 5 1945 and that I last saw her alive on Oct 4 1945

Immediate cause of death Acute nephritis DURATION 9 days

Due to Siracenia 48 hrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? road (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. E. Hays, M.D. M. D. or other \_\_\_\_\_

Address Middletown Date signed 10-6-45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
OCT 13 1945  
BUREAU Y.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1364

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 319 East Church Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
WALTER JOSEPH JORDEN

3. (b) Social Security Number  
214-10-2486

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Ruth Hammond  
7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace West Virginia  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Shank & Etzler Lime Co.

12. Name John W. Jorden

13. Birthplace West Virginia

14. Maiden name Catharine Pendleton

15. Birthplace West Virginia

16. Informant Mrs. Fannie Orem

Address 313 E. Church St., Frederick, Md.

17. Burial Date thereof 10/27/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26-Oct-45 Elizabeth G. Hech Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 24th, 1945 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 to Oct 24 1945  
and that I last saw him alive on Oct 25 1945

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Uremia 6 weeks +

Due to Pyonephrosis 6 weeks +

Due to Rupture of ureters &

Catheterization of Ureter Aug. 10

Other conditions Urethral Strictures (multiple) ?

(Include pregnancy within 3 months of death)

Major findings of operation Perineal abscess & extravasation of urine 2 Prostatic abscess Aug 11

Autopsy results \_\_\_\_\_ Date of op. Oct. 8

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Rupture of ureters & metal catheter

Accident, suicide, or homicide. Date of Aug. 9

Where did injury occur? Frederick Frederick Ind.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Emergency Hospital

Means of injury Catheter DR. R. W. BARR

23. SIGNATURE Frank J. Brown M.D.

Address Frederick, Maryland Date signed 10-25-45

RECEIVED

OCT 27 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 years  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 42 Hamilton Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES BRADLEY LUHN

## 3. (b) Social Security Number

214-10-3378

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 B. (b) Name of husband or wife Helen Smith Luhn  
 6. (c) If alive, give age 40 years  
 7. Birth date of deceased (mo., day, yr.) January 19, 1904  
 8. AGE: Years 41 Months 9 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Montgomery County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Painter and Paper Hanger  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name McLain Luhn  
 13. Birthplace Hyattstown, Maryland  
 MOTHER 14. Maiden name Elsie Carlisle  
 15. Birthplace Hyattstown, Maryland  
 16. Informant Mrs. Charles Luhn  
 Address Frederick, Maryland

17. Burial Date thereof Oct. 29, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland  
 19. 27 Oct 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1945 at 11 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 7 1939 to Oct 25 1945  
 and that I last saw him alive on Oct 25 1945

Immediate cause of death Uremia (terminal)

DURATION

7 days

Due to Rheumatic valvular  
and myocardial disease  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Elizabeth G. Heck M. D. or other

Address 5 W 2nd St Date signed 10/29/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Manner of death

8. Signature of physician

9. Signature of registrar

10. Signature of informant

11. Signature of witness

12. Signature of funeral director

13. Signature of undertaker

14. Signature of coroner

15. Signature of jury

16. Signature of jury

17. Signature of jury

18. Signature of jury

19. Signature of jury

20. Signature of jury

RECEIVED  
OCT 30 1946  
BUREAU A-1



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 10132

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. 6 Oct

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



U.S. DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

OCT 9 1945

BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 135

### 1. PLACE OF DEATH:

County Frederick

City or town Rural Smithsburg  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City or town Rural Smithsburg  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Brenda Joyce Mellott  
Baby Girl Mellott

### 3. (b) Social Security Number

no

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, married, widowed, or divorced \_\_\_\_\_

Female white single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1945

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Smithsburg Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Emmett Mellott

13. Birthplace Smithsburg, Md.

14. Maiden name Pennie L. Green

15. Birthplace Smithsburg, Md.

16. Informant Emmett Mellott

Address Smithsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Oct. 1, 1945  
(month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Wolfsville, Md.

18. Funeral director Gladhill, Co.

Address Middletown, Md.

19. Oct 3 1945 L. L. Leatherman  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 - 1945 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 29 1945 to Oct 1 1945

and that I last saw him alive on Oct 1 1945

Immediate cause of death the cranial pressure on brain

Due to natural injuries received at birth

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results not done Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE H. V. Stott M. D. or other \_\_\_\_\_

Address Myersville Md Date signed Oct 1, 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

10103

RECEIVED

NOV 8 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10104

139

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 1/15/45

Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 1/15/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 947 W. Baltimore St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war..... ✓

## 3. (a) FULL NAME

Thaddeus Naperkowski

## 3. (b) Social Security Number

219-05-9199

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 24, 1909 8.(c) If alive, give age..... years

8. AGE: Years..... 36 Months..... 2 Days..... 14 If less than one day..... hrs. .... min.

9. Birthplace..... Pittsburgh, Pa.  
 (Town, county, and state)

10. Usual occupation..... Skilled Laborer

11. Industry or business.....

12. Name..... John Naperkowski13. Birthplace..... Poland14. Maiden name..... Josephine Wisniewska15. Birthplace..... Poland16. Informant..... Deceased

Address.....

17. Burial..... Baltimore Co., Md. Date thereof..... 10/12/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Holy Rosary CemeteryLocation..... Baltimore Co., Md.18. Funeral director..... M.L. Creager & SonAddress..... Thurmont, Md.

19. Oct 8 19 45 Registrar.....  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 8 19 45 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 15 19 45 to Oct. 8 19 45  
 and that I last saw him alive on October 8 19 45

Immediate cause of death..... Pulmonary Tuberculosis DURATION..... 1 Yr.

~~XXXX~~ Tuberculous Broncho-pleural  
~~XXXX~~ fistula 6 Mos.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... J. B. Lynn M. D. ~~XXXX~~

Address..... State Sanatorium, Md. Date signed..... 10/8/45

CERTIFICATE OF DEATH

REGISTRATION

DEC 1 2 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1010531

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred  
Emergency Hospital  
How long in hospital or institution? 7 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 24 A West Hill Street  
(If rural, give LOCATION)

2. (a) If veteran, name war none

### 3. (a) FULL NAME

Marica Savanush Newman

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 26, 1945 8. (c) If alive, give age years

8. AGE: Years 0 Months 0 Days 7 If less than one day hrs. min.

9. Birthplace Frederick, Fred. Co., Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George Edward Newman

13. Birthplace Lebanon, Virginia

14. Maiden name Marica Savanush Newman

15. Birthplace Frederick County, Maryland

16. Informant J. Virginia Kirk

Address Emergency Hosp. Frederick, Md.

17. Burial Date thereof Oct. 5, 1945  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Monterey Cem.

Location Frederick Co. Maryland

18. Funeral director G. P. Fort, Supt.

Address Frederick Co. Maryland

19. 5 Oct 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1945 at 9:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 26, 1945 to Oct. 3, 1945 and that I last saw him alive on October 3, 1945.

Immediate cause of death

Premature 6 months DURATION

Due to Exhaustion

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fabiny MD

Address Frederick, Md. M.D. or other 10-5-45

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

1001 N. STATE STREET, BOSTON, MASS.

CERTIFICATE OF DEATH

TO BE FILLED BY THE REGISTRAR OF DEATHS

RECEIVED  
OCT 8 1945  
BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10106

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schnauffer Hospital

How long in hospital or institution?

9 days

## 3. (a) FULL NAME

Mayne Penwell

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan. 29th. 1945

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8/019

hrs.

min.

9. Birthplace

West Virginia  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Thomas Penwell

13. Birthplace

West Virginia

MOTHER

14. Maiden name

Rosie Dillow

15. Birthplace

West Virginia

16. Informant

Mrs. Rosie Penwell

Address

Rural Charlestown, W. Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 10-12-45

(month) (day) (year)

Cemetery or crematory

Chaple Cemetary

Location

Rural Charlestown, W. Va.

18. Funeral director

C.H. Feeté & Bro.

Address

Brunswick, Maryland

19.

(Date rec'd by registrar)

Oct 10- 19 45Erma Martin  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

West Virginia County

City or town

Rural Charlestown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (c) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 1019 45, at 2 A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him alive on

Oct 9 19 45

Immediate cause of death

Septicemia  
Staphylococcus

DURATION

3 weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

Oct 10-45

RECEIVED

OCT 11 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/26/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/26/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2525 Edmondson Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ralph C. Percy

## 3. (b) Social Security Number

705-07-9448

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 8. (b) Name of deceased and spouse

XXXXXX Emma S. Percy  
 5. (c) If alive, give age 61 years

## 7. Birth date of

deceased (mo., day, yr.)

June 2, 1881

## 8. AGE:

Years

Months

Days

If less than one day

64

4

1

hrs.

min.

## 9. Birthplace

McKeesport, Pa.

(Town, county, and state)

## 10. Usual occupation

Railroad Conductor

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

George A. Percy

## 13. Birthplace

Maryland

## 14. Maiden name

Nanny Rolph

## 15. Birthplace

Connellsville, Pa.

## 16. Informant

Calvin C. Percy

## Address

1816 Arbutus Ave., Halethorpe, Md

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Maryland

## 19.

(Date rec'd by registrar)

19

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 19 45 at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 26 19 45 to Oct. 3 19 45  
 and that I last saw him alive on October 3 19 45

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

15 Mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

M. D. JAMES

Address State Sanatorium, Md. Date signed 10/3/45

RECEIVED

OCT 8 1945

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1913)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Illinois County \_\_\_\_\_  
 City or town Peoria  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

FREDERICK DOYLE POWERS

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary Catherine Moore Powers

7. Birth date of deceased (mo., day, yr.) April 9, 1877 6.(c) If alive, give age 68 years

8. AGE: Years 68 Months 6 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Clear Spring, Maryland  
 (Town, county, and state)

10. Usual occupation Retired Railway Express Cashier11. Industry or business None12. Name John L. Powers13. Birthplace Washington County, Maryland14. Maiden name Elizabeth Cook15. Birthplace Washington County, Maryland16. Informant Mrs. Frederick PowersAddress Peoria, Illinois17. Removal Oct. 28, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkview CemeteryLocation Peoria, Illinois18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 27 Oct 1945 Elizabeth G Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1945 at 10:45a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1945 to Oct 26 1945  
 and that I last saw him alive on Oct 26 1945

Immediate cause of death Cardio-vascular-Renal Disease; Chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Arvid W. Cook M.D.

M. D. or other \_\_\_\_\_

Address Frederick, Md Date signed 10/27/45

MARGIN RESERVED FOR BINDING

VS A151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10108

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
OCT 30 1945  
BUREAU A.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10109

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Days

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Emma M. Remsburg

## 3.(b) Social Security Number

no4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Hiram E. Remsburg6.(c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) Nov. 13, 18768. AGE: Years 69 Months 11 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Middletown Frederick Co. Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Young13. Birthplace Middletown, Md.14. Maiden name Charlotte Ahalt15. Birthplace Middletown, Md.16. Informant Paul RemsburgAddress Braddock Heights, Md.17. Burial Date thereof 11-19-45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. Nov 1 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1945, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 23 1945, to Oct 30 1945and that I last saw him alive on Oct 29 1945Immediate cause of death Rheumatic heart diseasewith congestive failureDue to Endocarditis Acute

Due to \_\_\_\_\_

Other conditions Thromb - Bimchite

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. J. Price M. D. or other \_\_\_\_\_Address Jefferson Date signed 11/1/45



RECEIVED  
NOV 12 1945  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 893

## CERTIFICATE OF DEATH

10110

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 23 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 206 East Fifth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE ROBERT RUMPF

## 3. (b) Social Security Number

220-10-5542

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife Lucy M. Smith  
 6. (c) If alive, give age 56 years  
 7. Birth date of deceased (mo., day, yr.) July 5, 1888  
 8. AGE: Years 57 Months 3 Days 3 It less than one day  
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Handyman

11. Industry or business Everedy Company

12. Name William H. Rumpf

13. Birthplace Frederick County Maryland

14. Maiden name Elizabeth M. Esterly

15. Birthplace Frederick County Maryland

16. Informant Mrs. Lucy S. Rumpf

Address 206 E. 5th St., Frederick, Md.

17. Burial 10/11/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 9-Oct 19 45 Elizabeth H. Hock  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 8th, 1945 at 10:35A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 19 45 to Oct 8 19 45

and that I last saw him alive on October 8 19 45

Immediate cause of death Cerebral Hemorrhage

DURATION 4 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arnold W. Clark M. D.

Address Frederick, Maryland Date signed 10-8-45

RECEIVED

OCT 10 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (232)

## CERTIFICATE OF DEATH

10111

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days 60 yrs.

Hospital, institution, or street address where death occurred:

Schuyler HospitalHow long in hospital or institution? 2 days.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 537 West Brunswick St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Edward Russell

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Dec. 26 1869

## 8. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

75101

hrs.

min.

## 9. Birthplace

West Virginia

(Town, county, and state)

## 10. Usual occupation

Retired B.O.R.R. Clerk

## 11. Industry or business

Transportation

## FATHER

## 12. Name

Thomas Henry Russell

## MOTHER

## 13. Birthplace

West Virginia

## 14. Maiden name

Louise Eldred Mason

## 15. Birthplace

Maryland

## 16. Informant

Mrs Charles E. Jennings

## Address

Brunswick Md.

## 17.

(Burial, cremation, or removal, Which?)

## Date thereof

Oct. 28, 1945

(month) (day) (year)

## Cemetery or crematory

Green Hill

## Location

Martinsburg, W. Va.

## 18. Funeral director

C. H. Feltz & Bro

## Address

Brunswick Md.

## 19.

(Date rec'd by registrar)

Oct. 27 - 1945Emma Martin

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1945 at 5 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 23 1945 to Oct 25 1945and that I last saw him alive on Oct 25 1945

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

3 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

William S. Schuyler

M. D. or other

## Address

Brunswick Md.Date signed Oct 26 1945

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

IN THE DISTRICT OF COLUMBIA

RECEIVED  
OCT 30 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Rural-Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 years</u> Hospital, institution, or street address where death occurred: <u>Rural-Frederick</u> How long in hospital or institution? _____				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Rural-Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Gas House Pike-East of Frederick</u> (If rural, give LOCATION) 2. (a) If veteran, name war <u>None</u>											
<b>3. (a) FULL NAME</b> <u>ALICE VIRGINIA SCHAEFFER</u>				<b>3. (b) Social Security Number</b> <u>None</u>											
<b>4. Sex</b> <u>Female</u>				<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>									
<b>6. (b) Name of husband or wife</b> <u>None</u>				<b>6. (c) If alive, give age</b> _____ years											
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>October 2, 1871</u>				<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>74</u></td> <td><u>-</u></td> <td><u>17</u></td> <td>_____ hrs. _____ min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>74</u>	<u>-</u>	<u>17</u>	_____ hrs. _____ min.
Years	Months	Days	If less than one day												
<u>74</u>	<u>-</u>	<u>17</u>	_____ hrs. _____ min.												
<b>9. Birthplace</b> <u>Buckeystown, Maryland</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Retired Housekeeper</u>											
<b>11. Industry or business</b> <u>None</u>				<b>12. Name</b> <u>John Adam Schaeffer</u>											
<b>13. Birthplace</b> <u>Buckeystown, Maryland</u>				<b>14. Maiden name</b> <u>Mary Frances Waskey</u>											
<b>15. Birthplace</b> <u>Jefferson, Maryland</u>				<b>16. Informant</b> <u>Mrs. Charles Mullen</u> Address <u>RFD, Frederick, Maryland</u>											
<b>17. (Burial, cremation, or removal, which)</b> <u>Burial</u> Cemetery or crematory <u>Mt. Olivet Cemetery</u> Location <u>Frederick, Maryland</u>				Date thereof <u>Oct. 21, 1945</u> (month) (day) (year)											
<b>18. Funeral director</b> <u>C. E. Cline &amp; Son</u> Address <u>Frederick, Maryland</u>				<b>19. (Date rec'd by registrar)</b> <u>21-Oct-45</u> <u>Elizabeth H. Hecker</u> Registrar											
<b>MEDICAL CERTIFICATION</b>															
<b>20. DATE OF DEATH</b> <u>October 19, 1945</u> at <u>1:30 a.m.</u>															
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Oct. 15, 1945</u> to <u>Oct. 19, 1945</u> and that I last saw him alive on <u>Oct. 19, 1945</u>															
<b>Immediate cause of death</b> <u>Cerebral Haemorrhage</u>															
<b>Due to</b> <u>Arteriosclerosis</u>															
<b>Other conditions</b> <u>hypertension</u> (Include pregnancy within 3 months of death)															
<b>Major findings of operations</b> <u>None</u>															
<b>Autopsy results</b> <u>None</u>															
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>															
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____															
<b>23. SIGNATURE</b> <u>A. A. Pearce, M.D.</u> Address <u>Frederick, Md.</u> Date signed <u>10/22/45</u>															

10112

RECEIVED TO THE SECRETARY OF THE ARMY

RECEIVED TO THE SECRETARY OF THE ARMY

RECEIVED

OCT 23 1945

BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10113 139

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Since 9/26/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution?..... Since 9/26/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County.....  
 City or town..... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2002 McHenry St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME

William Henry Schultz

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
 6.(b) Name of husband or wife..... Audrey A. Schultz  
 6.(c) If alive, give age..... 38 years  
 7. Birth date of deceased (mo., day, yr.)..... August 5, 1900  
 8. AGE: Years..... 45 Months..... 2 Days..... 14 If less than one day..... hrs. .... min.

9. Birthplace..... Baltimore, Maryland  
 (Town, county, and state)

10. Usual occupation..... Chauffeur

11. Industry or business

12. Name..... John F. Schultz  
 13. Birthplace..... Germany

14. Maiden name..... Louise Whete  
 15. Birthplace..... Baltimore, Md.

16. Informant..... Deceased  
 Address.....

17. Burial Date thereof..... Oct 22, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Western Cemetery  
 Location..... Baltimore, Md.

18. Funeral director..... M. L. Creager & Son  
 Address..... Thurmont, Maryland

19. 10/19 19 45  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 19 19 45 at 2:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 26 19 45 to Oct. 19 19 45  
 and that I last saw him alive on October 19 19 45

Immediate cause of death..... Pulmonary Tuberculosis DURATION..... 22 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... J. D. [Signature] M. D. [Signature]Address..... State Sanatorium, Md. Date signed 10/19/45

RECEIVED

OCT 22 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
County..... Frederick  
City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Lifetime  
Hospital, institution, or street address where death occurred:  
Emergency Hospital  
How long in hospital or institution?..... 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... Frederick  
City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 2 Clarke Place  
(If rural, give LOCATION)  
2.(a) if veteran, name war..... None

3. (a) FULL NAME ARTHUR SEIDLING  
3. (b) Social Security Number 214-10-5217

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced  
6. (b) Name of husband or wife Ella Dixon  
6. (c) If alive, give age 48 years  
7. Birth date of deceased (mo., day, yr.) December 15-1897  
8. AGE: Years 48 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)  
10. Usual occupation Cement Worker  
11. Industry or business for Contractor  
12. Name George Seidling  
13. Birthplace Hannover - Germany  
14. Maiden name Annie Stup  
15. Birthplace Frederick County, Maryland  
16. Informant Wm. A. Seidling  
Address 2 Clarke Place-Frederick, Md.

17. Burial Date thereof Oct. 15-1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or place of burial Mount Olivet Cemetery  
Location Frederick, Md.  
18. Funeral director C.E. Cline and Son  
Address Frederick, Md.

19. 15 Oct 1945 Elizabeth G. Heck Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1945 at 5 A. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1945 to Jan 12 1945 and that I last saw him alive on Oct 13 1945

Immediate cause of death Debutant's Head  
Due to Debutant's Head  
Due to Debutant's Head  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Frederick Heck  
Address Frederick, Md. Date signed 10/15/45  
M.D. or other

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

AND AGENCIES

CERTIFICATE OF DEATH

TO BE FILLED OUT BY THE REGISTRAR

RECEIVED

OCT 17 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 yrs.Hospital, institution, or street address where death occurred:  
427 South Market StreetHow long in hospital or institution? No

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 427 South Market Street  
(If rural, give LOCATION)2(a) If veteran, name war No

## 3. (a) FULL NAME

Thomas Franklin Shoemaker

## 3. (b) Social Security Number

214-10-1390

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Effie Jane Shoemaker6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) July 30, 1880

8. AGE: Years <u>65</u>	Months <u>2</u>	Days <u>7</u>	If less than one day .....hrs. ....min.
----------------------------	--------------------	------------------	--

9. Birthplace Frederick, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Henry C. Shoemaker13. Birthplace Frederick, Md.14. Maiden name Rebecca Poffenberger15. Birthplace Myersville, Md.16. Informant Effie J. ShoemakerAddress 427 S. Market St. Frederick, Md.17. Burial Date thereof 10-10-45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rocky Springs CemeteryLocation Frederick, Md. Rural18. Funeral director Gladhill Co.Address Middletown, Md.19. 10-Oct 1945 Elizabeth G. Heck  
(Date rec'd by registrar) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1945, at 8 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 4th 1945, to Oct. 5 1945  
and that I last saw him alive on Oct 5 1945Immediate cause of death Angina Pectoris

DURATION

Due to .....

Due to .....

Other conditions Arteriosclerosis 6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations .....

.....Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

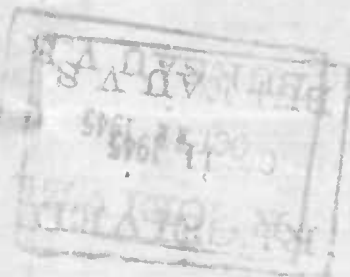
Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W. C. Gaudin M. D. or otherAddress 301 S. Market St Date signed Oct 9 '45  
Frederick Md.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 188

10116

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred Emergency Hospital  
How long in hospital or institution? 4 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Rt. 7 & 8 #1 Bartonsville  
(If rural, give LOCATION)  
2. (a) If veteran, name war None

### 3. (a) FULL NAME

Howard Wilson Snowden

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced S

### 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 5, 1945 (c) If alive, give age 1 years

8. AGE: Years 1 Month 3 Days 1 It less than one day hrs. min.

9. Birthplace Frederick, Md., Maryland  
(Town, county, and state)

10. Usual occupation Infant

### 11. Industry or business

12. Name Melina Thomas Snowden

13. Birthplace Frederick County, Maryland

14. Maiden name Maloune Cuthbert Thomas

15. Birthplace Frederick County, Maryland

16. Informant Emergency Hosp. Frederick, Md.

Address Emergency Hosp. Frederick, Md.

17. Burial Colored Cemetery Date thereof 10/9/45  
(Burial, cremation or removal, which) (month) (day) (year)

Cemetery or crematory Bartonsville-Frederick Rural

Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland

Address 9-Oct 1945

19. (Date rec'd by registrar) Elizabeth G. Hach

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1945 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from October 4, 1945 to October 8, 1945

and that I last saw him alive on October 8, 1945

Immediate cause of death Malignant tumor

### DURATION

2 weeks

Due to Aspiration

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fehmy M.D.

Address Frederick, Md. M. D. or other 10-8-45

Date signed

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DEPARTMENT OF HEALTH

STATE OF MARYLAND

RECEIVED  
OCT 10 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10117

Reg. Dist. No. 138

1. PLACE OF DEATH: *Frederick*  
 County *Frederick*  
 City or town *Hamsville*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *Md.* County *Frederick*  
 City or town *Hamsville*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex *M* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*  
 B. (b) Name of husband or wife *unknown*  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) *unknown 1875*

8. AGE: Years *about 70* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace *Frederick, Co.*  
 (Town, county, and state)

10. Usual occupation *labor*

## 11. Industry or business

12. Name *West Steward*

13. Birthplace *unknown*

14. Maiden name *Mary Mullinix*

15. Birthplace *Howard Co.*

16. Informant *Fannie Dove*

Address *Hamsville*

17. *Burial* Date thereof *Oct. 18, 1945*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Howard Chapel*

Location *near Long Corner House*

18. Funeral director *H. M. Snyder*

Address *Mt. Airy*

19. *Oct 16* 19*45* *John K. Talman*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *October 15* 19*45* at *8:45* AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug 2* 19*45* to *Oct 15* 19*45*

and that I last saw him alive on *Oct 6* 19*45*

Immediate cause of death *Cerebral hemorrhage*

Other conditions \_\_\_\_\_

Due to *Arteria sclerotic*

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE *Ernest P. Roop, M.D.*

Address *New Market, Md.* M. D. or other *Oct 16/45*

Date signed \_\_\_\_\_

RECEIVED

NOV 6 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10118

134

1. PLACE OF DEATH: Fredrick  
 County.....  
 City or town..... Emmitsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 7 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland..... County..... Fredrick  
 City or town..... Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Harriet Emily Stinson

## 3. (b) Social Security Number

None

4. Sex..... Fm  
 5. Color or race..... white  
 6.(a) Single, married, widowed, or divorced..... widow  
 6.(b) Name of husband or wife..... Francis James Stinson  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... Oct 22, 1861  
 8. AGE: Years..... 84 Months..... 1 Days..... 00  
 It less than one day..... hrs. .... min.

9. Birthplace..... Barrie Ont. Canada  
 (Town, county, and state)  
 10. Usual occupation..... Housekeeper  
 11. Industry or business.....  
 12. Name..... Charles Ambler  
 13. Birthplace..... Barrie Ont. Canada  
 14. Maiden name..... Unknown  
 15. Birthplace..... Unknown

16. Informant..... H. Stinson  
 Address..... Emmitsburg, Md.  
 17. Burial.....  
 (Burial, cremation, or removal. Which?)..... Date thereat..... Oct 24, 1945  
 (month) (day) (year)  
 Cemetery or crematory..... Green Hill Cemetery  
 Location..... Waynesboro, Penna.  
 18. Funeral director..... H. L. Allison  
 Address..... Emmitsburg, Md.  
 19. Oct 23, 1945 M. F. Shuff  
 (Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 22, 1945, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Aug 19, 1945, to Oct 22, 1945  
 and that I last saw her, alive on Oct 22, 1945

Immediate cause of death..... Carcinoma Colon  
 DURATION..... 4 mo.

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... W. R. Cade M.D.  
 M. D. or other.....  
 Address..... Emmitsburg, Md.  
 Date signed..... 10-23-45

CERTIFICATE OF DEATH

RECEIVED  
OCT 27 1945  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 632

## CERTIFICATE OF DEATH

10110  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Braddock Hgt  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

STATE DC County Washington  
 City or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 25 Kennedy Dr.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

HARRIET ELIZABETH STROUSE

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

8. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Wm E. Strouse

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Aug 19, 1870

8. AGE:

Years

Months

Days

If less than one day

75117

hrs.

min.

9. Birthplace

Burnside Pa  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Mathew Drvin

13. Birthplace

Pa

MOTHER

14. Maiden name

Harrietta Moser

15. Birthplace

Pa

16. Informant

Miriam J. Kallies

Address

25 Kennedy Dr.

17. Burial

(Burial, cremation, or removal, which)

Date thereof

Oct 9-1945  
(month) (day) (year)

Cemetery or crematory

Rock Creek Cem.

Location

Washington - D.C.

18. Funeral director

Address

The J.H. Lippis Co  
2901-14th St NW  
Washington - D.C.

19. 6 Oct

(Date rec'd by registrar)

1945

Elizabeth G. Hecker

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 6

1945 at 5:40 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Oct 4 to Oct 6 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harriet Strouse

M. D. or other

Address

25 Kennedy Dr.

Date signed

10/6/45

CERTIFICATE OF DEATH

RECORDED  
OCT 11 1945  
BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

10120

Reg. Diat. No. 141

1. PLACE OF DEATH: Frederick  
County..... Brunswick  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 17 weeks  
Hospital, institution, or street address where death occurred:  
Schnauffer Hospital  
How long in hospital or institution?..... 17 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
Maryland Carroll  
State..... County.....  
City or town..... Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
EVA ELIZABETH TABLER

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Albert S. Tabler  
6.(c) If alive, give age 63 years  
7. Birth date of deceased (mo., day, yr.) Feb'y 5, 1883  
8. AGE: Years 62 Months 8 Days 11 It less than one day  
.....hrs. ....min.

9. Birthplace Baltimore City, Maryland  
(Town, county, and state)  
Housewife

10. Usual occupation.....

11. Industry or business William H. Care

12. Name Maryland

13. Birthplace Maryland

14. Maiden name Mary E. Boyer

15. Birthplace Maryland

16. Informant Mr. Albert S. Tabler

Address Mt. Airy, Maryland

17. Burial Date thereof 10-20-45  
(Burial, cremation, or removal. Which?) Providence (month) (day) (year)

Cemetery or crematory.....

Location Kempton, Frederick Co. Md.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. Oct. 20 19 45 Emma Martin Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 19 45 at 548 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 19 44 to Oct 16 19 45  
and that I last saw him alive on Oct 16 19 45

Immediate cause of death.....  
Cerebral hemorrhage of Basal Ganglia  
Metastasis of carcinoma of the urinary bladder  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 8 months of death)

Major findings of operations.....  
Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE William H. Care  
M. D. or other  
Address Brunswick, Md. Date signed Oct 16-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 22 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

10121

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County... FrederickCity or town... Rocky Ridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... FrederickCity or town... Rocky Ridge  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)2.(a) If veteran, name war... No

## 3. (a) FULL NAME

Clayton Joseph Troxell

## 3. (b) Social Security Number

705-10-57434. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife... Mary C. Lawrence

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 28th. 18728. AGE: Years 73 Months 6 Days 18 If less than one day  
..... hrs. .... min.9. Birthplace Graceham Fredk Co Md  
Retired. Bridge carpenter  
(Town, county and state)

10. Usual occupation.....

11. Industry or business W?M. R. R. Co12. Name... John Troxell13. Birthplace Md14. Maiden name... Susan Hesser15. Birthplace Md16. Informant Charles TroxellAddress Rocky Ridge MD17. Burial Date thereof Oct. 19th. 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Tabor CemetaryLocation Rocky Ridge MD18. Funeral director M. L. Creager & SonAddress Thurmont. MD19. Oct. 18 19 45 Blanche S. Eyles  
(Date rec'd by registrar) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct 16 19 45 at 2:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 19... to Oct 16 19 45  
and that I last saw him alive on Oct 15 19 45Immediate cause of death cerebral hemorrhage

## DURATION

8 moDue to Hypertension & arteriosclerosis several  
years

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W.L. Cade M.D. M. D. or otherAddress... Encumbury rd Date signed 10-16-45

CERTIFICATE OF DEATH

RECEIVED

OCT 25 1945

BUREAU V.S.

*captain Trappell*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

<b>1. PLACE OF DEATH:</b> County... <u>Frederick</u> City or town... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 8/11/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 8/11/45</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County..... City or town... <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>1736 Lancaster St.</u> (If rural, give LOCATION) 2.(a) If veteran, name War..... ✓			
<b>3. (a) FULL NAME</b> <u>Victoria Ulatowski</u>				<b>3. (b) Social Security Number</b> <u>218-10-0532</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband</b> <del>xxx</del> <u>Joseph J. Ulatowski</u>				<b>B. (c) If alive, give age</b> <u>27</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Nov. 15, 1920</u>							
<b>8. AGE:</b> Years <u>24</u>		Months <u>11</u>		Days <u>2</u>		If less than one day ..... hrs. .... min.	
<b>9. Birthplace</b> <u>Baltimore, Md.</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>Houswife</u>							
<b>11. Industry or business</b>							
<b>FATHER</b>		<b>12. Name</b> <u>John Niemiera</u>					
<b>MOTHER</b>		<b>13. Birthplace</b> <u>Poland</u>					
		<b>14. Maiden name</b> <u>Mary Piluk</u>					
		<b>15. Birthplace</b> <u>Poland</u>					
<b>16. Informant</b> <u>Deceased</u> Address.....							
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Cemetery or crematory <u>Holy Rosary</u> Location <u>German Hill Road</u> <b>18. Funeral director</b> <u>Clarence Hoffman</u> Address <u>1639 N. Broadway, Baltimore, Md.</u>				Date thereof <u>Oct. 20, 1945</u> (month) (day) (year)			
<b>19. Oct. 17, 1945</b> (Date rec'd by registrar)				Registrar			

<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> <u>October 17, 1945</u> at <u>6 A</u> M	
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>August 11, 1945</u> , to <u>Oct. 17, 1945</u> and that I last saw her alive on <u>October 17, 1945</u>	
<b>Immediate cause of death</b> <u>Pulmonary Tuberculosis</u>	<b>DURATION</b> <u>8 Mos.</u>
Due to.....	
Due to.....	
Other conditions.....	
(Include pregnancy within 3 months of death)	
<b>Major findings of operations</b> .....	
Date of op. ....	
<b>Autopsy results</b> .....	
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>	
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....	
<b>23. SIGNATURE</b> <u>J. B. Lypin</u> M. D. or other..... Address <u>State Sanatorium, Md.</u> Date signed <u>10/17/45</u>	

RECEIVED

OCT 22 1945

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93A)

10123

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County **Frederick**  
 City or town **Walkersville**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **25 years**  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County **Frederick**  
 City or town **Walkersville**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war **no**

## 3. (a) FULL NAME

**Fannie Amanda Wachter**

## 3. (b) Social Security Number

**None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widowed.**  
 6. (b) Name of husband or wife **D. Richard Wachter.**  
 7. Birth date of deceased (mo., day, yr.) **June 21, 1867.** 6. (c) If alive, give age ..... years  
 8. AGE: Years **78** Months **4** Days **8** If less than one day ..... hrs. .... min.

9. Birthplace **Charlesville Frederick Co., Md.**  
 (Town, county, and state)

10. Usual occupation **Retired**11. Industry or business **Housewife.**

FATHER 12. Name **David Measell**  
 13. Birthplace **Frederick County, Md.**

MOTHER 14. Maiden name **Susanna Creager**  
 15. Birthplace **Frederick County, Md.**

16. Informant **Miss Maymie Wachter,**  
 Address **Walkersville, Md.**

17. Burial Date thereof **Oct. 31, 1945**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematorium **Utica**  
 Location **Utica, Md.**

18. Funeral director **M. L. Creager & Son**  
 Address **Thurmont, Md.**

19. **31-Oct-45** **Elizabeth G. Heck**  
 (Date rec'd by registrar) 19 **45** Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Oct 29** 19 **45** at **11:45 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 1** 19 **43** to **Oct 29** 19 **45** and that I last saw him alive on **Oct 29** 19 **45**

Immediate cause of death **Hypertensive Spasms Uremic diuresis** DURATION

Due to .....

Due to .....

Other conditions **Arthritis**  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE **Oct 29**  
 Address **Walkersville, Md** M. D. or other  
 Date signed **Oct 30, 45**



RECEIVED

NOV 1 1945

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 years  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 18 East South Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

HOMER EMERSON WALTZ

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or Divorced Widowed  
 6.(b) Name of husband or wife Golden Waltz  
 7. Birth date of deceased (mo., day, yr.) October 15, 1881  
 8. AGE: Years 64 Months 15 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Junction, Maryland  
 (Town, county, and state)

10. Usual occupation B&O Engineer

## 11. Industry or business

FATHER 12. Name Oscar W. Waltz  
 13. Birthplace Frederick County, Maryland  
 MOTHER 14. Maiden name May Zimmerman  
 15. Birthplace Frederick County, Maryland

16. Informant Mrs. Homer E. Waltz  
 Address Frederick, Maryland

17. Burial Date thereof Nov. 1, 1945  
 (Burial, cremation or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 30 Oct 19 45 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 19 45 at 12:05a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 19 45 to Oct 30 19 45 and that I last saw him alive on Oct 29 19 45

Immediate cause of death Coronary Thrombosis DURATION 2 Days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Elizabeth G. Heck M. D. or other Oct 30/45  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

UNITED STATES DEPARTMENT OF JUSTICE

CENTRAL RECORDS SECTION

RECEIVED

NOV 1 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

## CERTIFICATE OF DEATH

★ Reg. Diet. No. 151

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Frederick City</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>Frederick City Hospital</u> How long in hospital or institution? <u>fourteen days</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>md</u> County <u>Frederick</u> <del>City</del> or town <u>New Market</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war <u>none</u>			
<b>3. (a) FULL NAME</b> <u>Carl Ways</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>Black</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>married</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> <u>Labethal Ways</u>				<b>20. DATE OF DEATH</b> <u>Oct. 22</u> 19 <u>45</u> at <u>8:45</u> P. M.			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>August 31, 1900</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Oct. 4</u> 19 <u>45</u> to <u>Oct. 22</u> 19 <u>45</u> and that I last saw him alive on <u>Oct. 22</u> 19 <u>45</u>			
<b>8. AGE:</b> Years <u>45</u> Months <u>1</u> Days <u>21</u>		<b>6. (c) If alive, give age</b> _____ years		<b>Immediate cause of death</b> <u>Chronic Nephritis</u> <u>(Grimm)</u> <u>Arteriosclerosis</u>		<b>DURATION</b> <u>1 yr.</u>	
<b>9. Birthplace</b> <u>New Market Frederick Co. Md.</u> (Town, county, and state)				<b>Due to</b> _____			
<b>10. Usual occupation</b> <u>Painter &amp; Paper Hanger</u>				<b>Due to</b> _____			
<b>11. Industry or business</b> _____				<b>Other conditions</b> <u>Malignant Hypertension</u> (Include pregnancy within 3 months of death)			
<b>FATHER</b>		<b>12. Name</b> <u>Louis J. Ways</u>		<b>Major findings of operations</b> <u>None</u>		<b>Date of op.</b> _____	
<b>MOTHER</b>		<b>13. Birthplace</b> <u>Md.</u>		<b>Autopsy results</b> <u>None</u>			
<b>14. Maiden name</b> <u>Anna E. Crumpton</u>		<b>15. Birthplace</b> <u>Md.</u>		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>16. Informant</b> <u>Labethal Ways</u> Address <u>New Market Md.</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>17. Burial</b> <u>Burial</u> Date thereof <u>Oct. 25, 1945</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Simpson Chapel born</u> <u>New Market</u> Location <u>NE Falconer</u>				Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____			
<b>18. Funeral director</b> <u>W E Falconer</u> Address <u>New Market Md</u>				<b>23. SIGNATURE</b> <u>A. A. Pearce, M.D.</u> <u>Frederick, Md</u> M. D. or other _____ Address _____ Date signed <u>10/22/45</u>			
<b>19. 24-Oct 1945</b> <u>Elizabeth G. Hecker</u> (Date rec'd by registrar) Registrar							

RECEIVED

OCT 26 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

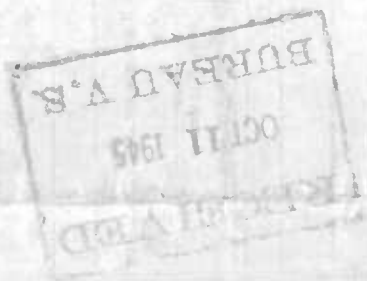
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

<b>1. PLACE OF DEATH:</b> County <u>Baltimore</u> City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>40 yrs</u> Hospital, institution, or street address where death occurred: <u>928 East A St</u> How long in hospital or institution? <u>—</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Baltimore</u> City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>928 East A St</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>—</u>			
<b>3. (a) FULL NAME</b> <u>Ida Elizabeth Welsh</u>				<b>3. (b) Social Security Number</b> <u>Welsh</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>			
<b>8. (b) Name of husband or wife</b> <u>—</u>				<b>8. (c) If alive, give age</b> <u>—</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept. 20, 1905</u>				<b>20. DATE OF DEATH</b> <u>Oct. 7</u> 19 <u>45</u> at <u>8:40 P</u> M			
<b>8. AGE:</b> Years <u>40</u> Months <u>0</u> Days <u>18</u> If less than one day <u>—</u> hrs. <u>—</u> min.		<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Oct 6</u> 19 <u>45</u> to <u>Oct 7</u> 19 <u>45</u> and that I last saw him <u>alive</u> on <u>Oct 7</u> 19 <u>45</u> Immediate cause of death <u>Lobar pneumonia</u>					
<b>9. Birthplace</b> <u>Maryland</u> (Town, county, and state)				<b>DURATION</b> <u>2 days</u>			
<b>10. Usual occupation</b> <u>—</u>				<b>Due to</b> <u>—</u>			
<b>11. Industry or business</b> <u>—</u>				<b>Due to</b> <u>—</u>			
<b>12. Name</b> <u>Wm Franklin Welsh</u>				<b>Other conditions</b> <u>—</u>			
<b>13. Birthplace</b> <u>West Virginia</u>				(Include pregnancy within 3 months of death)			
<b>14. Maiden name</b> <u>Ellie Florence Hausenfluck</u>				<b>Major findings of operations</b> <u>—</u>			
<b>15. Birthplace</b> <u>Virginia</u>				Date of op. <u>—</u>			
<b>16. Informant</b> <u>Mrs Elmer Whipp</u>				<b>Autopsy results</b> <u>—</u>			
<b>Address</b> <u>Baltimore</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>17. Burial</b> <u>Burial</u> Date thereof <u>Oct 9, 1945</u> (Burial, cremation, or removal, which) (month) (day) (year) Cemetery or crematory <u>Park Heights</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>Location</b> <u>Baltimore Md</u>				Accident, suicide, or homicide <u>—</u> Date of <u>—</u>			
<b>18. Funeral director</b> <u>C. H. Fitch &amp; Son</u>				Where did injury occur? <u>—</u> (City or town) (County) (State)			
<b>Address</b> <u>Baltimore Md.</u>				Injured at home, farm, industry, public place (where?) <u>—</u>			
<b>19. Oct 9 - 19 45</b> <u>Emmy Markov</u> Registrar				Means of injury <u>—</u> Injured at work? <u>—</u>			
(Date rec'd by registrar)				<b>23. SIGNATURE</b> <u>Frederick Schuchman MD</u>			
Address <u>Baltimore</u>				M. D. or other <u>—</u>			
Date signed <u>Oct 9 - 19 45</u>				Address <u>—</u>			



Will Call about One  
O Clock have all these  
Certificates filled out  
B. Lu Zuto



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10127

134

## 1. PLACE OF DEATH:

County FredrickCity or town Rural, Emmitsburg Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Emmitsburg, R.D. #2 4 miles South  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Rose Belle Wetzell

## 3. (b) Social Security Number

None

4. Sex

Fm

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Joseph Wetzell

7. Birth date of deceased (mo., day, yr.)

October 31, 18856. (c) If alive, give age 62 years

8. AGE:

Years

Months

Days

If less than one day

5997

.....hrs.

.....min.

9. Birthplace

Fredrick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John C. Gorley

13. Birthplace

Fredrick Co., Md.

MOTHER

14. Maiden name

Marie Seise

15. Birthplace

Germany

16. Informant

Joseph C. M. Gill

Address

Emmitsburg Md. R.D. #2

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Oct 12, 1945

(month) (day) (year)

Cemetery or crematory

Elias Lutheran Cemetery

Location

Emmitsburg, Md.

18. Funeral director

A. L. Allison

Address

Emmitsburg, Md.

19.

Oct 10 - 1945

(Date rec'd by registrar)

M. F. Shuff

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 8

19

45, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 8

19

45, to Oct 8

19

45and that I last saw her alive on July 1

19

45

Immediate cause of death

Heart diseaseterminal condition

DURATION

Sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. Gray

M. D. or other

Address

Sherrmont Md.

Date signed

10/9/45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED

OCT 12 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

### 1. PLACE OF DEATH:

County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ✓  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Morris Nelson Willhide

### 3. (b) Social Security Number

705.10-0556

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ethel (Farmer) Willhide

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1913

8. AGE: Years 71 Months 0 Days 13 If less than one day  
.....hrs. ....min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Line Salesman

11. Industry or business ✓

12. Name Samuel Willhide

13. Birthplace Maryland

14. Maiden name Mary (Farmer) Willhide

15. Birthplace Maryland

16. Informant Mrs. Ethel Willhide

Address Thurmont, Md

17. Burial Date thereof Nov. 2, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory U. Brothers

Location Thurmont

18. Funeral director Willhide and Creeger

Address Thurmont

19. Nov. 1 1945 Blanche S. Eyles  
(Date rec'd by registrar) (month) (day) (year) Deputy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1945 at 10<sup>29</sup> p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1945 to Oct. 30 1945  
and that I last saw him alive on Oct. 30 1945

Immediate cause of death Heart disease DURATION 2 days  
acute

Due to Myocarditis Chronic Severe 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James L. Gay M.D.

Address Thurmont, Md Date signed 10/31/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10128

RECEIVED  
NOV 5 1945  
BUREAU V.M.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 10129 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
38 East Sixth Street  
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 38 East Sixth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

CHRISTIAN THOMAS WILSON

## 3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 8.(b) Name of husband or wife Georgetta Smith Wilson  
 7. Birth date of deceased (mo., day, yr.) June 23, 1868 6.(c) If alive, give age ----- years  
 8. AGE: Years 77 Months 3 Days 10 If less than one day ----- hrs. ----- min.

8. Birthplace Frederick, Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired Plumber  
 11. Industry or business None  
 FATHER: 12. Name Nathaniel J. Wilson  
 13. Birthplace Ireland  
 MOTHER: 14. Maiden name Sophia Albaugh  
 15. Birthplace Frederick, Maryland  
 16. Informant Henry L. Wilson  
 Address Frederick, Maryland

17. Burial Date thereof Oct. 6, 1945  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or ~~crematory~~ Frederick Memorial Cemetery  
Linden Hills, Frederick, Md.  
 Location C. E. Cline & Son  
 18. Funeral director Frederick, Maryland  
 Address Frederick, Maryland

19. 15-Oct 1945 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1945, at 6 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1945 to Oct 3 1945  
 and that I last saw him alive on Oct. 3 1945

Immediate cause of death Chronic Myocarditis DURATION 9 months

Due to -----  
 Due to -----  
 Other conditions -----

(Include pregnancy within 8 months of death)

Major findings of operations ----- Date of op. -----

Autopsy results -----  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ----- Date of -----  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE E. Thomas M. D. or other -----  
 Address Frederick, Md Date signed 10/5/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 8 1945  
BUREAU Y.R.

To B.O. Thorne